

Catastrophic BioTerrorism: What is to be Done?

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Purpose: Create a Common, Operational, Systemic Understanding

- ◆ Absence of a Common Understanding
- ◆ Herman Kahn: Thinking about the Unthinkable
- ◆ Lenin: What is to be Done?
- ◆ Bronson Alcott



Terrorists and Bio Weapons

- ◆ Terrorists (other than nihilists) have an agenda
- ◆ Most simply, to propagate terror
- ◆ Why? To undermine:
 - Confidence in government
 - Will to act
 - Capability to act by diverting resources/focus

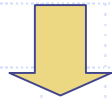
Competition Between Terrorists and Government

- ◆ For confidence and control

- Government preparation



- Improved Performance



- Confidence

- ◆ Firefighters on 9/11

- ◆ Sailors on the Cole



- Deterrence



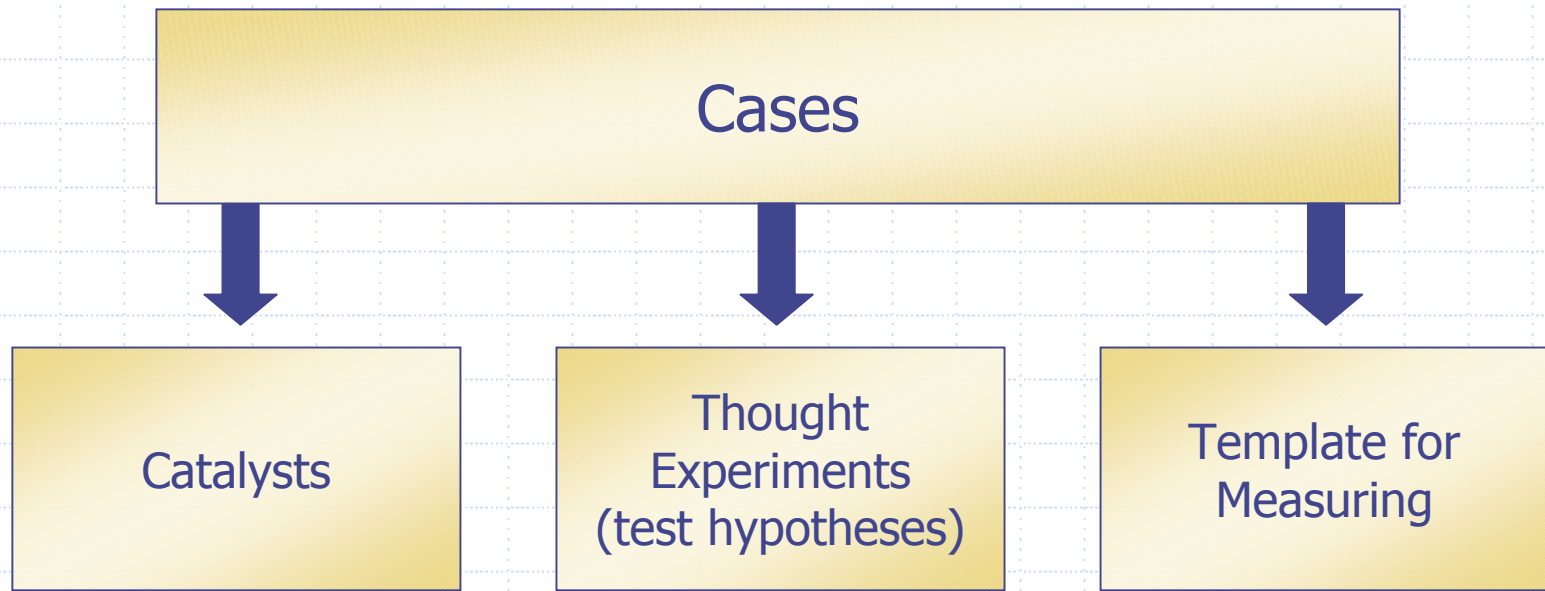
This Brief Aims to Provide:

- ◆ Awareness
- ◆ Conceptual Framework
- ◆ Tools (cases, DISC scores)
- ◆ A means of orchestrating varied actors
- ◆ Recommendations for action
- ◆ Results: Improved Performance and Confidence

Orchestrating Devices

- ◆ Planning Cases
 - Anthrax aerosol
 - Smallpox aerosol attack
 - Botulinum commercial drink attack
 - Agriculture attack
- ◆ Decathlon Disc
- ◆ Temporal Trifurcation
 - Near term (next 2 years)
 - Mid-term (2-5 years)
 - Long term (5-10 years)
- ◆ “Case 5”

Using the Planning Cases



Using the Cases

- ◆ Strong, Stronger and Strongest Hypotheses
- ◆ Strong Hypothesis
 - Responding to these cases is a necessary condition of success for any bio program



These Threats are Now Here

- ◆ Anthrax
 - Leahy letter: 1 trillion spores in one gram
 - 20 tons made in Russia
 - Iraq acknowledged program
 - Accessibility to terrorist groups/individuals
- ◆ Smallpox (eradicated naturally)
 - Insecurity of Russian sample
 - Other Russian supplies
 - Iraq material from 1970s
 - Extant Microbiologist Samples
 - Genetic Engineering (from Camel pox?)



These threats are now here

◆ Botulinum

- Medically available
- Most poisonous substance known
- 1/10th of a kilo in drinks can kill 1 million people

◆ Agriculture

- Foot and Mouth virus readily obtained
 - ◆ and transported
- The most contagious virus known
- US Cattle are unprotected
- Recent British outbreak
 - ◆ \$12 billion damage



This Brief will Focus on Cases 1 and 2.

Cases 3 and 4 (in addition to cases 1 and 2) are being discussed with agencies outside DoD.

Hypotheses- continued

◆ Stronger Hypothesis

- Responding to these cases will have large collateral benefit for most other threats

◆ Strongest Hypothesis

- Other catastrophic cases will be lesser, largely included cases

Recommendations #1 and #2

Adopt the Case Method

In the Near Term, Use the Four Indicated Cases

- to catalyze action
- to measure progress
- to develop a concept of operations

6 Qualifications on Case Use

- ◆ Always favor multivalent approaches
- ◆ Need research into collateral threats (e.g. into viral hemorrhagic diseases, Rinderpest)
- ◆ Need to worry about non-catastrophic bioterrorism
 - E.g. assassinations, anthrax letters, single building attack
 - Military attacks (installations, logistics and forces)
- ◆ Risk of Mixed Attacks
- ◆ Natural (non-terrorist) risks warrant investment
- ◆ Must refresh (update) cases.
 - Our future includes the presently unknown.
 - Basic R&D must be enriched.

New Threats in the Longer Term

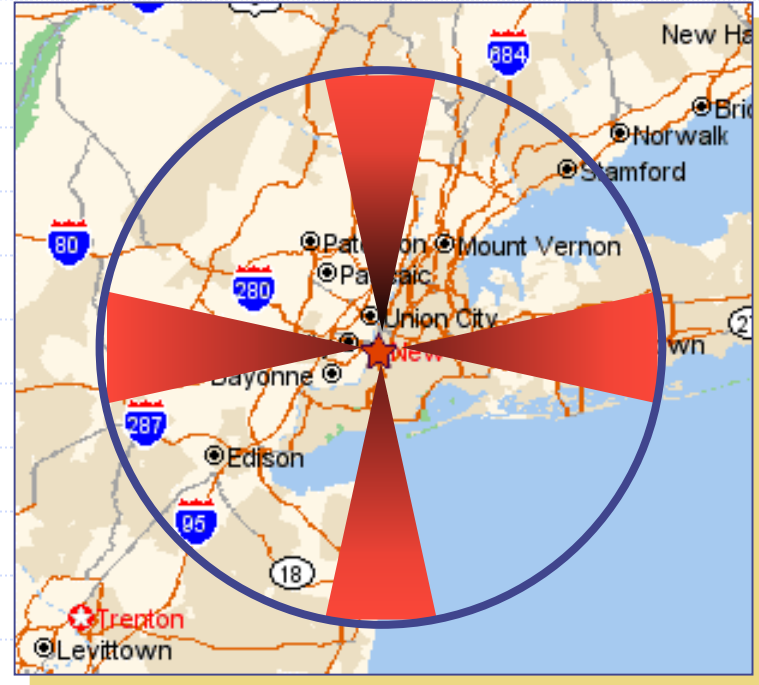
- ◆ Mixed attacks
- ◆ Genetic modifications of present threats
 - More infectious
 - More virulent
 - Less detectable
 - More easily dispersed
 - Vaccine or drug resistant
- ◆ New types of agents
- ◆ New modalities

Recommendation #3

- ◆ Create a "Case 5" Committee
- ◆ Staff it with:
 - Academics at the cutting edge
 - A few from pharma and biotech
 - Infectious disease/3rd world experts
 - Veterinarians
 - Intel experts
- ◆ Charge it with:
 - Developing I&W for new cases
 - Promulgating new cases

Case 1: Anthrax Aerosol

- ◆ This evening (NY? DC?)
- ◆ Several Kilos
- ◆ 40 Miles
- ◆ Mass exposure – probably undetected
- ◆ 24-36 hour first flu manifestations
- ◆ high death rate (90%?) if untreated
- ◆ Enduring effects from contamination?



The President's First Question

- ◆ The Reload Problem
- ◆ 5/11 compared with 9/11
- ◆ Predictable priorities:
 - Search for intel (how + who)
 - Means of interdiction (e.g. mortar base; crop duster)
 - Pre-positioning of Antibiotics
 - Inoculation
 - Citizen education



Reorientation of Programmatic Perceptions

- ◆ Ease of reload distinguishes bioterrorist attack
- ◆ Hyper-intense and extensive forensic requirements
- ◆ Excruciating allocation decisions
- ◆ Economic effects (Poste on interstate commerce)
- ◆ Large downwind LD₁ problem
- ◆ Conclusion: Federal Management is Imperative

Recommendation #4

- ◆ Form a Federal Team now to Advise Senior Decision Makers
 - A “Biological Anti-Terrorism” (BAT!!) Team
 - Build before the event
 - ◆ Saves time
 - ◆ Induces confidence
 - ◆ Can be prepared and trained
- ◆ Requires Redundancy
 - British Foot and Mouth Problems with Fatigue

Programmatic Perspectives – Some Further Examples

- ◆ Antibiotic resistant anthrax
 - Nation held hostage?
 - Build a triad – vaccines; antibodies; anti-toxins
- ◆ Decontamination
 - Demand exceeds the framework that EPA has used;
 - Rewards to prior establishment of standards
- ◆ Citizen Preparation (an orphan issue)

DISC Decathlon

- ◆ Drugs and Vaccines
- ◆ Detectors
- ◆ Decontamination
- ◆ Interdiction [not a part of this project]
- ◆ Intelligence [not a part of this project]

DISC (cont.)

- ◆ Surveillance and diagnostics
- ◆ Simulation, modeling and gaming
- ◆ Counter-proliferation [not a part of this project]
- ◆ Civilian hardening
- ◆ Consequence management
 - Government management
 - Health care system capability

A DISC Report

- ◆ These 10 variables are not uniformly significant
- ◆ But comprise a consistent snapshot:
 - 0 = not contributing to our defense
 - 5 = a useful contribution
 - 10 = extremely important contribution
- ◆ Descriptive and (for future) predictive
- ◆ Not itself prescriptive
 - Empowers prescriptive judgments

DISC Report for Anthrax

<i>Contributor</i>	<i>Now</i>	<i>Mid</i>	<i>Long</i>	<i>Comment</i>
drugs and vaccines	5	7	4	a-b resist;anti-toxin? ;gen eng
detectors	1	2	4	focus on window of reward
decontamination	1	2	4	just inside problem?
intelligence				
interdiction	0	0	1	imperative to rethink
surveillance and diagnosis	7	8	9	ltd reward to further invest
simulation, modeling ,gaming	2	7	9	weather and human models
counter proliferation	1	1	2	difficult to impossible?
civilian hardening	0	2	4	filters? Education?
consequence management	1	3	3	rich reqs and opps

Detectors: 7 Functional Roles

- ◆ Interdict --- Beyond present capabilities
- ◆ Warn --- Potentially effective only at perimeter of attack
- ◆ Alert to Avoid
- ◆ Alert to Treat
- ◆ Assure
- ◆ For Forensics
- ◆ For Intelligence

Alert Functions Require:

- ◆ Wide disposition
 - Low acquisition, operation, maintenance costs
 - Present range \$1-2M/month per city
- ◆ Modeling in the urban environment
- ◆ Close connection to consequence management procedures
- ◆ Close attention to “window of reward”
- ◆ Very low false positive rate

Implications of a 1% Error Rate (Bayes Theorem)

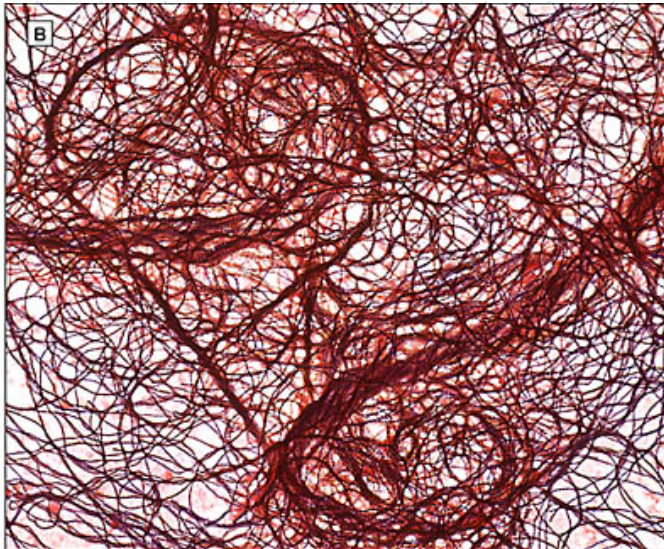
- ◆ ~8,735 hours in a year
- ◆ 5 hours of attack
 - 297 minutes of alarm with attack
 - 3 minutes (1%) of attack without alarm
- ◆ 8,730 hours of non-attack
 - almost 8,643 hours of negative without attack
 - 87.3 hours (1%) of positive w/o attack (false positive)
- ◆ Alarm will ring 17X incorrectly for each correct ring

Almost a Six Sigma False Positive Rate is Required

- ◆ If ten cities participate, one is attacked once per year, and false positive rate is .01
 - then 175 false alarms for each accurate alarm
- ◆ .00001 false positive will assure
 - .175 false alarms for each accurate alarm
 - I.e. $>5/6$ chance that an alarm is correct
- ◆ Complementary technologies can address this problem
- ◆ But a detector tech + surveillance (current proposal) does not detect to warn or to treat

Windows of Reward --- Outer Boundary

- ◆ A Mass Attack will quickly be evident in our hospitals and to our clinicians
- ◆ Gaussian distribution of cases
 - Hypothesis: the “toe” will present in 24-36 hours
- ◆ Emergency room population --- doubling at least
- ◆ Diagnosis is not difficult



Gram Stain of Blood Culture at 11 Hours of Growth Showing Prominent Gram-Positive Rods, Later Confirmed as Bacillus anthracis
Original magnification 40. Mayer et al JAMA. 2001;286:2549-2553

- ◆ Diagnostics and detection are intertwined
 - » Should be viewed as parts of the same system

Window of Reward

- ◆ Anthrax: 8-10 Hours
 - Permits Overnight Alert
 - Keep Commuters Out
 - Keep School Children at Home
 - Link to Instructions for Population
 - ◆ Turn off air conditioning; seal windows
 - Possible flocculation/humidification strategies

Window of Reward

◆ Smallpox: 24 Hours

- Extremely high reward to vaccination within 96 hours of infection
- Requires a response system to achieve this
 - ◆ No such system now exists
 - ◆ Standby vaccination capabilities are a fraction of those required
- Existing systems are counter-productive
 - ◆ Will prompt loss of confidence in government
 - ◆ Will generate divisiveness
 - We are “protecting the protectors”
 - ◆ Therefore they will amplify the effects of terrorist attack

A Smallpox 96 Hour Diagnostic Test

- ◆ Does not now exist
- ◆ Is scientifically plausible
- ◆ Has high reward
 - Enables us to minimize vaccination of those who might be exposed, but are contra-indicated
 - Will enable us to target anti-virals
 - A tool for reassurance

Other Implications for Detector R&D

- ◆ Reassurance requires:
 - Background information; safety levels
 - Assessment (not just warning) of low presence
 - ◆ To what level? LD_{10} ? (120 spores?)
 - Very low false negative rate
 - Modeling in urban environment
- ◆ Value of individual, cumulative detection
 - Donlon Bio Badge
- ◆ Forensic Requirements?